

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE LADYSMITH (0009673)

Address: 910 SHADY LANE, LADYSMITH, WI 54848

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096463 **End Date:** 01/27/2006 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009770 Served 02/22/2006

Deficiencies Cited
83.21(4)(p)

Subject Area
PROMPT AND ADEQUATE TREATMENT

Compliance
Verified

Corrected

Survey ID: 0095251 **End Date:** 06/10/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094647 **End Date:** 03/30/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009737 Served 04/19/2005

Deficiencies Cited
83.33(4)

Subject Area
CLIENT GROUP SPECIFIC SERVICES

Compliance
Verified

Corrected

Survey ID: 0092395 **End Date:** 04/07/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 02/21/2006 **SOD #**10009770 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---50.03(5G)(C)1

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Complaint History

Date Complaint Received: 06/09/2005

Date Investigation Completed: 06/10/2005

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/09/2004

Date Investigation Completed: 04/07/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

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